



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning 11/1/2013, and ending 10/31/2014	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization Farm Bureau Federation Mississippi Covington County Farm Bureau Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. Box 1419 City or town State ZIP code Collins MS 39428-1419 Foreign country name Foreign province/state/county Foreign postal code
	D Employer identification number 64-6025065 E Telephone number (601) 765-6771 F Group Exemption Number 1473
G Accounting Method ☒ Cash ☐ Accrual Other (specify) _____ I Website: N/A J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (5) (insert no.) ☐ 4947(a)(1) or ☐ 527	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other _____ L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 131,516	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	51,476
	4	Investment income	4	75
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8	79,965	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	131,516	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	19,305
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	103,961
	17	Total expenses. Add lines 10 through 16	17	123,266
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,250
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	123,495
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	131,745

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

21

Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II. ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	99,877	22	110,716
23 Land and buildings	20,216	23	18,311
24 Other assets (describe in Schedule O)	4,320	24	4,105
25 Total assets	124,413	25	133,132
26 Total liabilities (describe in Schedule O)	918	26	1,387
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	123,495	27	131,745

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III. ☐What is the organization's primary exempt purpose? To promote the interest of farmers in Mississippi

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 To unite through our membership those people or groups of people with a common interest in developing and improving the economic, social and educational interest of the farmer			
(Grants \$) If this amount includes foreign grants, check here ☐	28a		
29			
(Grants \$) If this amount includes foreign grants, check here ☐	29a		
30			
(Grants \$) If this amount includes foreign grants, check here ☐	30a		
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here ☐	31a		
32 Total program service expenses. (add lines 28a through 31a)	32		0

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Stanley Williams President	Hr/WK 5 00			
Darrell Graham Vice President	Hr/WK 2 00			
Shelby Williams Director	Hr/WK 2 00			
V O Campbell Director	Hr/WK 2 00			
Jack Flynt Director	Hr/WK 2.00			
Virgil Walker Director	Hr/WK 2 00			
Keith Bullock Director	Hr/WK 2 00			
Levi Rogers Director	Hr/WK 2.00			
Neal Campbell Director	Hr/WK 2 00			
Jo Lynn Mitchell Director	Hr/WK 2 00			
	Hr/WK			
	Hr/WK			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	X	
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	X	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ; section 4912 ; section 4955		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	MS	
42 a The organization's books are in care of Phyllis Moulds Telephone no (601) 765-6771		
Located at 601 Gerald McRaney St City Collins ST MS ZIP + 4 39428		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

- 49 a Did the organization make any transfers to an exempt non-charitable related organization?

- b If "Yes," was the related organization a section 527 organization?

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			

- f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		

- d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Stanley Williams</i>	Date 12/4/14
	Type or print name and title <i>Stanley Williams</i>	Date 12-4-14

Paid Preparer Use Only	Print/Type preparer's name William Davis	Preparer's signature <i>William Davis</i>	Date 11/21/2014	Check ☐ if self-employed	PTIN P00631674
	Firm's name <i>Mississippi Farm Bureau Federation</i>			Firm's EIN <i>64-0303134</i>	
	Firm's address <i>6311 Ridgewood Rd, Jackson, MS 39211</i>			Phone no <i>601-977-4205</i>	

May the IRS discuss this return with the preparer shown above? See instructions.

☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

Farm Bureau Federation Mississippi Covington County Farm Bureau

Employer identification number

64-6025065

Form 990-EZ, Part I, Line 8, Other Revenue Schedule I: 79,965

Form 990-EZ, Part I, Line 10, Grants Paid Activity Dues to State Organization, Grantee

Mississippi Farm Bureau Federation 6311 Ridgewood Rd Jackson MS 39215, Cash Grant 19,305,

Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses Schedule II 103,961

Form 990-EZ, Part II, Line 24, Other Assets Prepaid Taxes Beginning of year 4,120, End of

year 3,905

Form 990-EZ, Part II, Line 24, Other Assets Utility Deposits Beginning of year 200, End of

year 200

Form 990-EZ, Part II, Line 26, Liabilities Payables: Beginning of year 918, End of year

1,387

Covington County Farm Bureau
SCHEDULE I
October 31, 2014

SERVICE FEES RECEIVED

INSURANCE

Blue Cross Blue Shield	7758
------------------------	------

Southern Farm Bureau Life Insurance Company	20213
---	-------

Southern Farm Bureau Casualty Insurance Company	26079
---	-------

Mississippi Farm Bureau Casualty Insurance Company	<u>20190</u>
--	--------------

Total Insurance Fees	<u>74240</u>
----------------------	--------------

Farm Bureau Bank Service Fees

Farm Bureau Bank	<u>5725</u>
------------------	-------------

Total Farm Bureau Bank Service Fees	<u>5725</u>
-------------------------------------	-------------

TOTAL SERVICE FEES	<u><u>79965</u></u>
---------------------------	---------------------

Covington County Farm Bureau
SCHEDULE II
October 31, 2014

	TOTAL	DUES	UBI	RENTAL	MISC
INCOME					
Farm Bureau Dues-Net	32171	32171			
Insurance Company Svc Fees	74240		74240		
Farm Bureau Connection	5725		5725		
Interest	75				75
TOTAL INCOME	112211	32171	79965	0	75

Relationship of Dues to Service Fees	28.7%	71.3%
--------------------------------------	-------	-------

Floor Space Ratio	50.0%	50.0%
-------------------	-------	-------

Allocation of General Overhead
Based on the Relationship of
Dues to Service Fees

Promotions	428		
Telephone	4159		
Postage	136		
Office Expense	2591		
Depreciation	554		
TOTAL	7868	2257	5611

Allocation of Occupancy Expense
Base on Area Occupied

Utilities	3380		
Taxes	1313		
Insurance	1459		
Building Maintenance	2579		
Depreciation	1351		
TOTAL	10082	5041	5041

Covington County Farm Bureau
SCHEDULE II
October 31, 2014

Page 2

	TOTAL	DUES	UBI	RENTAL	MISC
Allocation of Secretary's Salary and Related Expenses		50.0%	50.0%		
Salary - Secretary	57645				
Payroll Taxes	5568				
Employee Insurance	8680				
Retirement	2302				
TOTAL	74195	37097	37098		
 Expense Directly Attributed to Production of Farm Bureau Dues					
Income Tax - 990T	2960				
AFBF Convention	1407				
Ag in the Classroom	125				
Board Expense	1731				
Commodity Meetings	346				
Contributions	1875				
Leadership Conference	577				
MFBF Convention	534				
Secretary Meeting	264				
Womens Committee	727				
Young Farmer Program	335				
TOTAL	10881	10881			
 Expense Directly Related to Production of Service Fees					
State Income Tax	935				
TOTAL	935		935		
 TOTAL EXPENSES	103961	55276	48685	0	0

(Including Information on Listed Property)

2013Attachment
Sequence No **179**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return Farm Bureau Federation Mississippi Covington	Business or activity to which this form relates 990T	Identifying number 64-6025065
---	---	----------------------------------

Part I Election To Expense Certain Property Under Section 179*Note: If you have any listed property, complete Part V before you complete Part I*

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	0

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V***Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	1,905

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		☐

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions.	22	1,905
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2013)

Covington County Farm Bureau
Depreciation Schedule
October 31, 2014
Building/Improvements

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			Net
							Beg Balance	Additions (Deduct)	End Balance	
Building	Dec-73	15216.21		15216.21	25.0	SL	15216.21	0 00	15216 21	0.00
Bathroom	Mar-87	1570.38		1570 38	31 5	SL	1329.30	49.85	1379.15	191.23
Bldg Addition	Sep-88	6433.72		6433.72	31 5	SL	5140 27	204 25	5344.52	1089 20
Building	Feb-90	3112.93		3112.93	31.5	SL	2338.78	98.82	2437.60	675.33
Paving	Aug-90	4086 70		4086 70	31.5	SL	2994 82	129.74	3124 56	962 14
Light Fixtures	Feb-97	406 60		406.60	7 0	SL	406.60	0.00	406 60	0.00
Glass Coating	Apr-98	685.00		685.00	7.0	SL	685.00	0 00	685.00	0.00
Bldg Improvements	Jul-98	11334.23		11334.23	7.0	SL	11334.23	0.00	11334 23	0 00
Light Fixtures	Nov-99	635 46		635 46	7.0	SL	635 46	0 00	635 46	0.00
Air Cond/Heating Unit	Mar-00	1481 95		1481.95	7.0	SL	1481.95	0.00	1481.95	0 00
Bldg Improvements	Aug-07	4209 53		4209.53	7.0	SL	3908 84	300.69	4209.53	0.00
Carpet	Apr-08	3970.51		3970.51	7.0	SL	3119.71	567 22	3686 93	283.58

53143.22	0.00	53143.22	48591 17	1350 57	49941 74	3201 48
----------	------	----------	----------	---------	----------	---------

Covington County Farm Bureau
Depreciation Schedule
October 31, 2014
Furniture & Equipment

Description	Acquired	Beg Balance	Additions (Deduct)	End Balance	Rate (Yrs)	Type	Accumulated Depreciation			Net
							Beg Balance	Additions (Deduct)	End Balance	
Telephone	Jul-94	428.00		428.00	5.0	SL	428.00	0.00	428.00	0.00
Filing Cabinets	Aug-95	297.46		297.46	7.0	SL	297.46	0.00	297.46	0.00
Desk	Sep-95	200.00		200.00	7.0	SL	200.00	0.00	200.00	0.00
Refrigerator	Sep-95	550.00		550.00	7.0	SL	550.00	0.00	550.00	0.00
Office Chair	Apr-97	192.60		192.60	5.0	SL	192.60	0.00	192.60	0.00
Office Equipment	Oct-97	128.19		128.19	7.0	SL	128.19	0.00	128.19	0.00
Office Furniture	Mar-98	966.21		966.21	7.0	SL	966.21	0.00	966.21	0.00
Phone System	Apr-98	2924.31		2924.31	5.0	SL	2924.31	0.00	2924.31	0.00
Office Equipment	Apr-98	269.43		269.43	7.0	SL	269.43	0.00	269.43	0.00
Office Furniture	Aug-99	309.75		309.75	7.0	SL	309.75	0.00	309.75	0.00
Copier	Jun-00	1706.65		1706.65	5.0	SL	1706.65	0.00	1706.65	0.00
Office Furniture	Sep-06	2646.82		2646.82	7.0	SL	2646.82	0.00	2646.82	0.00
Office Furniture	Jul-07	564.48		564.48	7.0	SL	524.16	40.32	564.48	0.00
Check Encoder	Jan-08	632.01		632.01	7.0	SL	496.60	90.29	586.89	45.12
Desk	Nov-12	2967.08	0.00	2967.08	7.0	SL	635.81	423.87	1059.68	1907.41

14782.99	0.00	14782.99	12275.99	554.48	12830.47	1952.53
----------	------	----------	----------	--------	----------	---------
